This form is to be completed by the program representative of the admitting program to enter an admission decision for a new student. It is also used to change a student’s application. An application change for the following reasons is permitted: change of admission type (e.g. Conditional to Regular), change of classification (for students regularly admitted into a doctoral program who are completing the required Master’s degree or 30 graduate hours leading toward the desired doctorate), change of degree within the same major (e.g. M.A. in Counseling to M.Ed. in Counseling), or change of major within the same department (e.g. Clinical Psychology to General Psychology). All other situations require the student to submit a new ApplyTexas application and pay the $45 non-refundable application fee.

**Banner ID**

**Applicant Name**

**Semester of Application**

**Thesis Non-Thesis**

**Decision Information –** Please indicate the decision or change.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Check if Change to**  **Student’s Application** | | **Check if Change to**  **Student’s Application** | |
| Degree Sought | Choose an item. | |  | |
| Certification | Choose an item. |  | Choose an item. |  |
| Major |  | |  | |
| Concentration |  | |  | |
| Cohort |  | |  | |
| Admission Type | Choose an item. | |  | |
| Classification | Choose an item. | |  | |
| Decision / Status | Choose an item. | |  | |
| Is the degree conferral pending? | **Yes** | | **No** | |
| Undergrad classes only? | **Yes** | | **No** | |

**Checklist Waivers –** Please list any waived application requirements (if applicable).

**Signatures –** Obtain only the signatures required in your respective college.

**Advisor** (COHS COE, CFAMC, CHSS, COS) **Date Student** (if applicable**\***) **Date**

The student’s signature is required on this form for the following changes: change of degree within the same major or change of major within the same department. Other situations require the student to complete and submit a new application with fee from ApplyTexas.

**Chair** (COHS, COE, CFAMC, CHSS, COS) **Date**

**Dean** (COHS, COBA, COCJ, CFAMC, CHSS, COS) **Date**

Office of Graduate Admissions Use Only Analyst Date